



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston MA 02114
Board of Certification of Operators of Drinking Water Supply
Facilities
www.mass.gov/dpl/
(617) 727-6171

Application for Reciprocity-Fee \$58.00

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent passport

2" x 2"

photograph here

1. Applicant Name: _____
Last First Middle
2. Maiden Name: _____
3. Current License #: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date _____

4. Date of Birth: _____ Place of Birth: _____
5. Permanent Address _____
No. Street Apt. #
City/Town State ZIP Code
6. Business Address (If applicable)
No. Street Apt. #
City/Town State ZIP Code
6. Telephone Number-Day: _____ Evening: _____
8. Social Security Number (**Mandatory**): _____ - _____ - _____

***Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.**

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.
10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100 was assessed)? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
15. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Certification in Drinking Water to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law. I further attest that, pursuant to GL. C. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law. The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

Signature of applicant _____ Date _____

16. Present Employer _____

Application for Operator Reciprocity
239 Causeway Street, Boston, MA 02114

Instructions:

1. You must have passed an operator examination approved by the Board and hold a current license from your respective state before applying for certification.
2. Read all instructions and questions before filling out the application.
3. Answer all questions on this form. If a question is not applicable, draw a line in the space or write NA.
Incomplete applications will be returned.
4. Make additional copies of page 4, as needed, to list relevant employment.
5. Enclose a check or money order for the amount of \$58.00, payable to the Commonwealth of Massachusetts.
6. Send your complete application package to the address at the top of this page.

A: Operator Grade Information

Operator grade for which this application is being submitted (answer **both** questions):

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|--------------------------------------|
| 1. 1D <input type="checkbox"/> | 2D <input type="checkbox"/> | 3D <input type="checkbox"/> | 4D <input type="checkbox"/> | 2. FULL <input type="checkbox"/> | IN-TRAINING <input type="checkbox"/> |
| 1T <input type="checkbox"/> | 2T <input type="checkbox"/> | 3T <input type="checkbox"/> | 4T <input type="checkbox"/> | FULL <input type="checkbox"/> | IN-TRAINING <input type="checkbox"/> |
| VSS <input type="checkbox"/> | | | | FULL <input type="checkbox"/> | IN-TRAINING <input type="checkbox"/> |
| VND-ID <input type="checkbox"/> | VND-2D <input type="checkbox"/> | | | | |
| VND-1T <input type="checkbox"/> | VND-2T <input type="checkbox"/> | VND-3T <input type="checkbox"/> | VND-4T <input type="checkbox"/> | | |
-

B: Current Grade Status

List all **full** status Massachusetts' Drinking Water Certificates that you currently hold.

Grade	Lic #	Grade	Lic #
Grade	Lic #	Grade	Lic #

C: Education

1. High School Diploma ☐ GED or Equivalent ☐
2. College / University Degree:
AS ☐ BS ☐ MS ☐ AA ☐ BA ☐ MA ☐ Ph.D. ☐
A college transcript **MUST** accompany application if you have a degree other than AS, BS or MS. Only science/drinking water related courses will be accepted at the equivalency of 30 credits = 1 year of college. ** If you have no degree and wish to use your college experience please see #4 **
3. Certificate (provide copy) ☐ in what discipline? _____
4. _____ years of acceptable college credit without degree.
If you want your college years to be considered, a college transcript **MUST** accompany this application. Only science/drinking water related courses will be accepted at the equivalency of 30 credits = 1 year of college. **Incomplete applications may result in the issuance of an in-training license. If you later appeal that decision you will be required to submit a separate upgrade application and new \$58.00 license release fee. No exceptions!**
5. Special courses or training certificates: List 1) name and address of institution, 2) dates attended, 3) length of course, and 4) course title.

D: Experience

Please furnish a record of the job(s) you have had that involved the operation of a public water system. List your present employer in the following space. List additional employers in chronological order on an additional sheet of paper.

I. Position

Title	Date (when did this position begin?)
Employer's Name	Address
City/Town	Supervisor's Name Title
	Supervisor's Phone Number

Do you engage in the onsite management, operation or maintenance of a public water system or routinely perform water work related duties? Yes ☐ No ☐

➤ How long have you been performing drinking water operational duties for this system?
_____ years _____ months (total time)

II. Public Water Supply Information

What is the Public Water System Name? _____

What is the Public Water System ID Number? _____

What is the DEP classification of the Public Water System? (If not sure, verify by calling your local DEP Regional Office.)

DI ☐ DII ☐ DIII ☐ DIV ☐ VSS ☐ TI ☐ TII ☐ TIII ☐ TIV ☐

III. List duties and responsibilities (be specific):

Distribution: How much of your time is spent on distribution duties each day? _____ hours/day _____ days/week

List Distribution Duties _____

Treatment: How much of your time is spent on treatment duties each day? _____ hours/day _____ days/week

List Treatment Duties _____

Name of treatment facility(ies): _____

Type(s) of treatment process: _____

Types of chemical(s) used: _____

Date the facility(ies) placed on-line: _____